

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|  |  |                      |                        |
|--|--|----------------------|------------------------|
| <b>TRANSMITTAL<br/>FORM</b><br><small>(To be used for all correspondence after initial filing)</small> |  | Application Number   | 10/645,284             |
|  |  | Filing Date          | August 21, 2003        |
|  |  | First Named Inventor | Jimmy A. Parks, et al. |
|  |  | Group Art Unit       | 3641                   |
|  |  | Examiner Name        | Troy Chambers          |
| Patent Number of Pages in This Submission  |  | 1                    | Attorney Docket No.    |
|  |  |                      | 2370.ACTI.NP           |

| ENCLOSURES (check all that apply)   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Appeal Communication:<br><input type="checkbox"/> Appeal Notice<br><input type="checkbox"/> Appeal Brief<br><input type="checkbox"/> Reply Brief<br><br><input type="checkbox"/> Assignment with Cover Sheet<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Check in the amount of \$_____<br><input checked="" type="checkbox"/> Credit card authorization in the amount of \$ <u>340.00</u><br><br><input type="checkbox"/> Declaration & Power of Attorney<br><br><input type="checkbox"/> Drawings _ sheets<br><input type="checkbox"/> Formal <input type="checkbox"/> Informal | <input checked="" type="checkbox"/> Extension of Time Request<br><u>1</u> month<br><br><input checked="" type="checkbox"/> Fee Calculation Table<br><br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input checked="" type="checkbox"/> Form 1449<br><input type="checkbox"/> Copies of IDS References<br><br><input type="checkbox"/> Issue Fee Transmittal & Advance Order | <input type="checkbox"/> Maintenance Fee Transmittal<br><u> </u> year<br><br><input type="checkbox"/> Missing Parts Response<br><br><input type="checkbox"/> Notification of Change of Attorney Address & Docket Number<br><br><input checked="" type="checkbox"/> Return Postcard<br><br><input type="checkbox"/> Revocation & Power of Attorney<br><input type="checkbox"/> Status Inquiry<br><input type="checkbox"/> Other: |  |
|   |  | Remarks   |  |

| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT |   |
|---|---|
| Attorney for Applicant                    | Randall B. Bateman, Registration No. 37,774<br>8 East Broadway, Suite 550<br>P. O. Box 1319<br>Salt Lake City, Utah 84110<br>(801) 533-0320 telephone; (801) 533-0323 facsimile |

|           |  |      |         |
|-----------|--|------|---------|
| Signature |  | Date | 1/26/05 |
|-----------|--|------|---------|

| CERTIFICATE OF MAILING UNDER 37 CFR § 1.8  |                    |      |         |
|--|--------------------|------|---------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addressed to Mail Stop Missing Parts, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450. |                    |      |         |
| Typed or Printed Name  | Randall B. Bateman |      |         |
| Signature  |                    | Date | 1/26/05 |

**FEE TRANSMITTAL**  
for **FY 2005**  
**FEB 03 2005**

Patent fees are subject to annual revision.

|  |                              |
|--|------------------------------|
| <input checked="" type="checkbox"/> <small>Applicant claims entity status. See 37 CFR 1.27</small> | <small>SAFETY OFFICE</small> |
| <b>TOTAL AMOUNT OF PAYMENT</b> <b>(S) [340.00]</b>   |                              |

| Complete if Known    |                 |
|----------------------|-----------------|
| Application Number   | 10/645,284      |
| Filing Date          | August 21, 2003 |
| First Named Inventor | Jimmy A. Parks  |
| Examiner Name        | 2370.ACTI.NP    |
| Group Art Unit       | 3641            |
| Attorney Docket No.  | 2370.ACTI.NP    |

**METHOD OF PAYMENT (check all that apply)**

Check     Credit Card     Money Order     Other     None

Deposit Account:

Deposit Account

**502720**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below     Credit any overpayments

Charge any additional fee(s)

Charge fee(s) indicated below, except the filing fee to the above-identified

**FEE CALCULATION****1. BASIC FILING FEE**

|              |              |
|--------------|--------------|
| Large Entity | Small Entity |
|--------------|--------------|

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description        | Fee Paid |
|----------|----------|----------|----------|------------------------|----------|
| 1001     | 790      | 2001     | 395      | Utility filing fee     |          |
| 1002     | 350      | 2002     | 175      | Design filing fee      |          |
| 1003     | 550      | 2003     | 275      | Plant filing fee       |          |
| 1004     | 790      | 2004     | 395      | Reissue filing fee     |          |
| 1005     | 200      | 2005     | 100      | Provisional filing fee |          |

**SUBTOTAL (1) (\$ 0.00)**

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

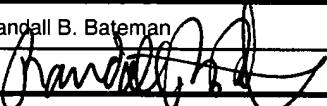
| Total Claims       | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| Independent        | 1            | X 100          | = 100.00 |
| Multiple Dependent |              |                |          |

|              |              |
|--------------|--------------|
| Large Entity | Small Entity |
|--------------|--------------|

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description   |
|----------|----------|----------|----------|---|
| 1202     | 50       | 2202     | 25       | Claims in excess of 20                                    |
| 1201     | 200      | 2201     | 100      | Independent claims in excess of 3                         |
| 1203     | 360      | 2203     | 180      | Multiple dependent claim, if not paid                     |
| 1204     | 200      | 2204     | 100      | **Reissue independent claims over original                |
| 1205     | 50       | 2205     | 25       | **Reissue claims in excess of 20 and over original patent |

**SUBTOTAL (2) (\$ 100.00)**

| <b>FEE CALCULATION (continued)</b> |                     |                     |                    |
|------------------------------------|---------------------|---------------------|--------------------|
| <u>Large Entity</u>                | <u>Small Entity</u> |                     |                    |
| Fee Code                           | Fee (\$)            | Fee Code            | Fee (\$)           |
| 1051                               | 130                 | 2051                | 65                 |
| 1052                               | 50                  | 2052                | 25                 |
| 1053                               | 130                 | 1053                | 130                |
| 1812                               | 2,520               | 1812                | 2,520              |
| 1804                               | 920*                | 1804                | 920*               |
| 1805                               | 1,840*              | 1805                | 1,840*             |
| 1251                               | 120                 | 2251                | 60                 |
| 1252                               | 450                 | 2252                | 225                |
| 1253                               | 1,020               | 2253                | 510                |
| 1254                               | 1,590               | 2254                | 795                |
| 1255                               | 2,160               | 2255                | 1,080              |
| 1401                               | 500                 | 2401                | 250                |
| 1402                               | 500                 | 2402                | 250                |
| 1403                               | 1,000               | 2403                | 500                |
| 1451                               | 1,510               | 1451                | 1,510              |
| 1452                               | 110                 | 2452                | 55                 |
| 1453                               | 1,510               | 2453                | 750                |
| 1501                               | 1,400               | 2501                | 700                |
| 1502                               | 800                 | 2502                | 400                |
| 1503                               | 1,100               | 2503                | 550                |
| 1460                               | 130                 | 1460                | 130                |
| 1807                               | 50                  | 1807                | 50                 |
| 1806                               | 180                 | 1806                | 180                |
| 8021                               | 40                  | 8021                | 40                 |
| 1809                               | 790                 | 2809                | 395                |
| 1810                               | 790                 | 2810                | 395                |
| 1801                               | 790                 | 2801                | 395                |
| 1802                               | 900                 | 1802                | 900                |
| Other fee (specify) _____          |                     |                     |                    |
| *Reduced by Basic Filing Fee Paid  |                     | <b>SUBTOTAL (3)</b> | <b>(\$ 240.00)</b> |

|                   |   |                  |        |           |                |
|-------------------|---|------------------|--------|-----------|----------------|
| Name (Print/Type) | Randall B. Bateman  | Registration No. | 37,774 | Telephone | (801) 533-0320 |
| Signature         |  |                  |        | Date      | 1/20/05        |